

PATENT APPLICATION TRANSMITTAL

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MAIL STOP PATENT APPLICATION
COMMISSIONER FOR PATENTS
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Alexandria, VA 22313-1450



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I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

By Elyzabeth J. Deland

Commissioner:

Transmitted herewith for filing is the ☐ patent application,
☐ continuation, ☒ divisional, ☐ continuation-in-part
patent application of prior application No. 10/372,582

Inventor(s): TOSHIO TETSUKE and TETSUYA HINO

For: ASSISTING APPARATUS FOR CHANGING SPEEDS IN A BICYCLE TRANSMISSION

Enclosed are:

- ☒ 25 pages of specification, 5 pages of claims, and 1 page of abstract.
☒ 26 sheet(s) of ☒ formal ☐ informal drawing(s).
☐ A ☐ signed ☐ unsigned Declaration & Power of Attorney.
☒ A ☒ signed ☐ unsigned Declaration, ☐ newly executed or ☒ copy from a prior application (37 CFR 1.63(d)).
☐ Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application, 37 CFR 1.63(d)(2) and 1.33(b).
☒ A Power of Attorney by Assignee with Certificate Under 37 C.F.R. Section 3.73(b).
☒ A Preliminary Amendment.
☐ Please cancel claim(s) _____.
☐ A certified copy of the following priority document(s): _____
☒ Information Disclosure Statement under 37 CFR 1.97 with copies of cited references.
☒ Return Receipt Postcard (MPEP 503)
☒ Incorporation By Reference: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

The filing fee has been calculated as shown below:

Fee Calculation

(Col. 1)			(Col. 2)			SMALL ENTITY			OTHER THAN A SMALL ENTITY		
FOR:	NO. FILED	NO. EXTRA				RATE	FEE	OR	RATE	FEE	
BASIC FEE							\$375	OR		\$750	
TOTAL CLAIMS	41-20=	21				x9=		OR	21x18=	\$378	
INDEP CLAIMS	2-3=	0				x42=	\$	OR	x84=	\$	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED						+140=	\$	OR	+280=	\$	
						TOTAL	\$	OR	TOTAL	\$1,128	

*If the difference in Col. 1 is less than zero,
enter "0" in Col. 2

☒ A check for \$ 1,128 is enclosed.

Two copies of this sheet are enclosed.

Respectfully submitted,
DELAND LAW OFFICE

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